

# ODOT PUBLIC RECORDS REQUEST

Please read [instructions](http://www.oregon.gov/ODOT/Forms/2ODOT/0489_instr.pdf) ([http://www.oregon.gov/ODOT/Forms/2ODOT/0489\\_instr.pdf](http://www.oregon.gov/ODOT/Forms/2ODOT/0489_instr.pdf)) before completing and submitting this request. This form works best if you save it to your computer before completing.

## Section A – Requester information

NAME OF REQUESTING PARTY		REPRESENTING (GROUP OR ORGANIZATION)		REQUEST DATE
MAILING ADDRESS		CITY	STATE	ZIP
PHONE	EMAIL ADDRESS			

## Section B – Record(s) requested

DESCRIPTION OF RECORDS REQUESTED
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## Section C – Receiving record(s), certification

CERTIFICATION	PREFERRED METHOD OF RECEIPT	PICK UP LOCATION (IF APPLICABLE)
AREA(S) OF ODOT CONTACTED REGARDING THIS REQUEST		

Submitting this form:

Submit by email: Save completed form. Attach completed form to an email addressed to [ODOTPRR@odot.state.or.us](mailto:ODOTPRR@odot.state.or.us)

Submit by fax: (503) 986-4025

Submit in person or by mail: ODOT Records Officer, Business Services Branch MS 51, 355 Capitol St. NE, Salem, OR 97301

To request a public-interest waiver or reduction of fees, complete the Fee Waiver or Reduction Request below.

ODOT OFFICE USE ONLY				
ESTIMATE AMOUNT	DATE ESTIMATE PROVIDED	DATE AUTHORIZED TO PROCEED	REQUEST WITHDRAWN	REQUEST COMPLETED
ACTUAL COST	PAYMENT RECEIVED	MISCELLANEOUS BILLING DATE	COMPLETED BY	COMPLETED BY
COMMENTS				

## PUBLIC INTEREST FEE WAIVER OR FEE REDUCTION REQUEST

The Oregon Department of Transportation requires that a requesting party fill out this form completely.

NAME OF REQUESTING PARTY		REPRESENTING (GROUP OR ORGANIZATION)		REQUEST DATE
MAILING ADDRESS		CITY	STATE	ZIP
PHONE	EMAIL ADDRESS			

Please complete the following questions. (If additional space needed, add another sheet and specify question number.):

1. Specific documents requested:
2. General background/mission information regarding requesting individual/group/organization as this information relates to public record requests from the The Oregon Department of Transportation:
3. Purpose for which the requesting party intends to use the information/records requested:
4. Specific ability (and plans) of requesting party to disseminate the information to the general public:
5. Explain how dissemination of the records/information requested will benefit the general public:
6. Any other information that requesting party feels would be valuable in evaluating fee waiver/reduction request:

### Submitting this form:

Mail to: ODOT Records Officer MS 51, 355 Capitol Street NE, Salem, OR 97301

Email to: [ODOTPRR@odot.state.or.us](mailto:ODOTPRR@odot.state.or.us) (Click Submit by Email button above to send completed request.)

Fax to: (503) 986-4025